

CSF Collection Data Form

Instructions: Complete Information as indicated. CSF samples should be sent to the NINDS Repository at Coriell Institute. *** Required fields**

*Name of Site: _____

*Type of Visit: _____
e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months.

*Date of Visit: _____

*GUID: _____

*Age of Subject (years and months): _____

Subject ID: _____

1.* Data and Time of CSF Collection: (24 hour clock)

2a.* Did the subject fast for twelve hours prior to CSF draw?

Note: Proper fasting means the subject ingested nothing but water during this 12 hr period. The use of tobacco, regular medication and dental hygiene products are acceptable. The use of gum, sugar-free gum, coffee, tea and sodas (even diet sodas) should be documented

- ☐ No
☐ Yes

2b.* If not fasting, note time of last meal. (24 hour clock)

2c.* If not fasting, note broad categories of what was ingested (i.e., protein, dairy, fruit juice, etc.), or if a low fat diet was followed.

3.* Type of needle use for CSF collection:

- ☐ 24g Sprotte (atraumatic) needle (preferred)
☐ 22g Sprotte (atraumatic) needle
☐ 20g Quincke (sharp beveled) needle
☐ 22g Quincke (sharp beveled) needle
☐ 25g Quincke (sharp beveled) needle
☐ 18g
☐ Other, please specify: _____

4*. How was CSF collected?

- ☐ Gravity
- ☐ Syringe suction
- ☐ Unknown

5*. What is the location of the LP?

- ☐ L2-L3 Interspace
- ☐ L3-L4 Interspace
- ☐ L4-L5 Interspace
- ☐ Unknown

6*. Subject position when LP performed:

- ☐ Sitting, leaned over
- ☐ Lying, curled up on side
- ☐ Unknown

7*. Volume (ml) of CSF collected prior to spinning:

8*. Was CSF centrifuged within 15 minutes of sample collection?

- ☐ Yes
- ☐ No
- ☐ Unknown

9a*. Rate of centrifugation (xg):

9b*. Temperature of CSF during centrifugation (Celsius):

10*. Date and Time CSF sample divided into aliquots: (24 hour clock)

11*. Total volume (ml) of CSF after spinning

12*. Total number of aliquot tubes:

13*. Was part of the sample discarded due to a bloody tap?

- ☐ Yes
- ☐ No
- ☐ Unknown

14*. Date and Time samples were placed in freezer block: (24 hour clock)

15*. Temperature of freezer (Celsius):

16*. Was part of the samples sent to the local lab for analyses?

- ☐ Yes
☐ No
☐ Unknown

17. Local Lab CSF Results:

Local Lab CSF Study	Obtained (Yes/No)	Units	Results (and Comments)	Normal, Abnormal, Unknown?
White Blood Count (WBC)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Red Blood Count (RBC)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Total Protein	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Total Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown